Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>9-10-10</u>	Address:	507 S. Heaton St
Case #:	<u>13F75661</u>		<u>Apt 2</u>
County:	Starke		Knox, In 46534
Type of Laboratory Seizure (check one) ☐ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only)		Seizure Location (a Residence Outbuilding Vehicle	theck all that apply) If the important indicates the control of the important indicates the important in
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) Lithium/Ammonia Reaction(s): basement Red Phosphorous/Iodine Reaction(s): Flammable Solvents: Water Reactive Metal (Lithium): kitchen Anhydrous Ammonia: basement Ilydrochloric Acid Gas Generator(s): basement Corrosive Acid: bathroom Corrosive Base: kitchen Other (item and location):			
Child under age 18 discovered (check one) Investigative Information ☐ Yes (number present) ☐ Rehadrine/Pseudoephedrine Tracking Log ☑ No ☐ Retail/Merchant Tip *If yes, fax report to Child Protective Services ☑ Other: L.E. This report is to be faxed to the following agencies that serve the location: Fire Department: Knox Fire Fax: email Fax: email Fax: email Fax: n/a Child Protection Service: n/a Fax: n/a			
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Det. Aaron Campbell</u> Phone <u>574-546-4900</u>			

- ** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.
- *** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.